

MISSISSIPPI STATE MEDICAL EXAMINER'S OFFICE 215 ALLEN STUART DRIVE PEARL, MS 39208



PATHOLOGICAL EXAMINATION

Loggins, Robert

Case No. ME18-1164

County: Grenada

Sex: M

Age: 26

Race: B

Date and Time of Autopsy: November 30, 2018 at 0900 Hours

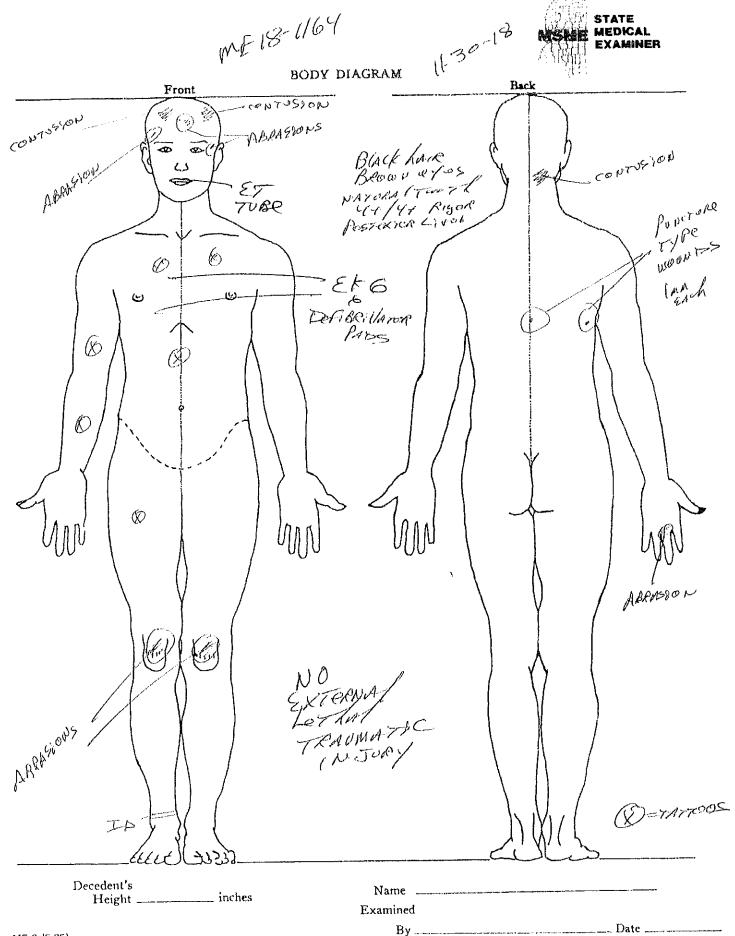
FINAL PATHOLOGIC DIAGNOSES

PRIMARY DIAGNOSES:

- I. Methamphetamine Toxicity
 - A. Evidenced by:
 - 1. No lethal natural disease
 - 2. No lethal traumatic injury
 - B. Resulting in:
 - 1. Fatal cardiac arrhythmia
 - C. Associated with:
 - 1. Abrasions and contusions, (head, hands and legs)
 - 2. Puncture marks (back)

Forensic Pathologist:

Mark M. LeVaughn, MD





NMS Labs

CONFIDENTIAL

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Robert A. Middleberg, PhD, F-ABFT, DABCC-TC, Laboratory Director

Toxicology Report

Report Issued 12/14/2018 17:01

10109

Mississippi State Medical Examiner Office

Attn: Sam Howell 215 Allen Stuart Drive Pearl, MS 39208

Patient Name LOGGINS, ROBERT

Patient ID Chain

18-18469 18353214

Gender

Age Not Given DOB Not Given Not Given

Workorder

18353214

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ME18-1164

Positive Findings:

| Compound | Result | <u>Units</u> | Matrix Source |
|---------------------|----------|--------------|---------------------|
| Naloxone | Positive | ng/mL | 001 - Femoral Blood |
| Delta-9 Carboxy THC | 5.2 | ng/mL | 001 - Femoral Blood |
| Delta-9 THC | 1.4 | ng/mL | 001 - Femoral Blood |
| Amphetamine | 43 | ng/mL | 001 - Femoral Blood |
| Methamphetamine | 600 | ng/ml. | 001 - Femoral Blood |
| 1 | | | |

See Detailed Findings section for additional information

Testing Requested:

| Analysis Code | Description |
|---------------|--|
| 8052B | Posimortem, Expanded, Blood (Forensic) |

Specimens Received:

| İD | Tube/Container | Volume/ Mass | Collection Date/Time | Matrix Source | Miscellaneous Information |
|-----|-------------------------|-----------------|-------------------------|----------------|--|
| 001 | Gray Top Tube | 8.75 mL | Not Given | Femoral Blood | - Control Cont |
| 002 | Gray Top Tube | 8.75 mL | Not Given | Femoral Blood | |
| | Gray Top Tube | 8 mL | Not Given | Femoral Blood | |
| 004 | Gray Top Tube | 6.75 mL | Not Given | Femoral Blood | |
| 005 | Red Vial | 8.75 mL | Not Given | Urine | |
| 006 | Red Vial | 4 mL | Not Given | Vitreous Fluid | |
| 007 | Red Vial | 2.25 mL | Not Given | Bile | |
| 008 | White Plastic Container | 70 mL | Not Given | Gastric Fluid | THICK, DARK BROWN FLUID WITH BITS, pH=4 |

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All sample volumes/weights are approximations.

Specimens received on 12/06/2018.

NMS v.18.0

NAME

Robert D. Loggins

CASE#

ME18-1164

IDENTIFICATION:

A postmortem examination was performed on the body of Robert Loggins at the Mississippi State Medical Examiner's Office in Jackson, Mississippi, on November 30, 2018 by Dr. Mark M. LeVaughn, Chief Medical Examiner.

EXTERNAL EXAMINATION:

The body is that of a normally developed adult male who appears to be the stated age of 26 years. The eyes are brown. The hair is black. The teeth are natural. Rigidity is 4+/4+. Lividity is poorly discernible. Clothing on the body consists of black underwear, white socks, blue jean shorts, brown shoes (boots) and a black shirt.

EVIDENCE OF TREATMENT:

EKG and defibrillator pads are on the chest. An ET tube is in the mouth and the tip is in the trachea

EVIDENCE OF INJURY:

There is no identifiable evidence of external or internal traumatic injury that would have caused his death. A 3 cm contusion is on the right forehead. A 3 cm contusion is on the left forehead. A 4 cm contusion is in the subcutaneous tissue of the right posterior neck. A 1 x 2 cm abrasion is on the left side of the face. There are three 1-2 cm abrasions on the mid forehead. A 4 x .1 cm abrasion is on the right side of the head. A 1 cm abrasion is on the knuckle area of the right hand. 1-2 cm abrasions are on the anterior right and left knee. Two 1 mm puncture type injuries are on the back.

INTERNAL EXAMINATION:

HEAD AND NECK:

Dissection of the scalp shows no evidence of soft tissue injury or skull fracture. Internal examination of the cranial cavity shows no evidence of hemorrhage or exudate. The dura and leptomeninges are unremarkable. The brain weighs 1380 grams. The vessels at the base of the brain form an essentially normal circle of Willis and are patent. The cranial nerves are unremarkable. There is no evidence of brain swelling or herniation. The sulci and gyri are normally developed. The cerebral and cerebellar hemispheres are roughly symmetric and the brain stem is in the midline. Multiple sections of the brain show well-demarcated gray and white matter. The ventricular system is in the midline, not enlarged and wet with clear cerebral spinal fluid. The basal ganglia are unremarkable. There is no evidence of pathologic change or traumatic injury on multiple cut surfaces of the brain. Multiple sections of the brainstem and cerebellum show no pathologic change or traumatic injury. Examination of the floor and the base of the skull show no evidence of fracture.

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HEAD AND NECK (Continued):

There is no pathologic change or traumatic injury within the oral cavity. Dissection and examination of the neck shows no pathologic change or traumatic injury to the soft tissue, cartilaginous or vascular structures of the neck. The carotid arteries and jugular veins are patent. The upper airway is patent. The thyroid gland is unremarkable.

CHEST:

Dissection of the anterior chest shows no evidence of deep soft tissue injury, rib or sternal fracture. Internal examination of the chest cavity shows the heart and lungs with the usual shape and in the usual position. The heart weighs 399 grams. The predicted mean weight is 550 grams. The left lung weighs 500 grams. The pericardial grams. The right lung weighs and pleural cavities are wet with serous fluid. The great vessels arise from and return to the heart in a normal manner. There are no pericardial or pleural adhesions. The epicardial and pericardial surfaces of the heart are smooth. Multiple sections of the coronary arteries are patent. Multiple sections of the heart show red-brown myocardium with no hemorrhage, scarring or necrosis. The endocardial surfaces are smooth and the valves are thin and flexible with no fusion, vegetation or thickening. The posterior mediastinum including the aorta, esophagus and lymph nodes are all unremarkable. The external and cut surfaces of both lungs are red-pink and purple. The cut surfaces show congestion and edema with no evidence of consolidation, tumor or emboli. The proximal and distal airways are patent. The posterior ribs, lower cervical and thoracic vertebrae show no pathologic change or traumatic injury. The thoracic aspect of the diaphragm is unremarkable.

ABDOMEN:

The peritoneal cavity is wet with serous fluid. The gastrointestinal tract including the esophagus shows no pathologic change or traumatic injury. The stomach contains approximately 100 cubic centimeters of thick red brown liquid. The mucosal surfaces are intact with no evidence of hemorrhage or ulcer. The remaining abdominal visceral organs have the usual shape and are in the usual position. The external and cut surfaces of the liver, gallbladder, pancreas, spleen, adrenal glands and kidneys show no other pathologic change or traumatic injury. Within the pelvis, the ureters and urinary bladder show no traumatic injury or pathologic change.

MICROSCOPIC DESCRIPTION:

None

NAME

Robert D. Loggins

CASE # ME18-1164

CAUSE OF DEATH:

Methamphetamine Toxicity

MANNER OF DEATH:

Accident

OPINION:

This 26 year old male identified as Robert D. Loggins died as a result of the cardiotoxic effects of Methamphetamine, cardiac arrhythmia. There was no identifiable evidence of natural disease that would have caused or contributed to his death. Although several abrasions and contusions were present, there was no identifiable evidence of traumatic injury that would have caused or contributed to his death. With the currently available information, toxicology and and postmortem findings, the cause of death is Methamphetamine Toxicity and the manner of death is Accident

Mark M. ĽeVaughn, MD

Chief Medical Examiner